

APPLICATION FOR CONSTRUCTION PERMIT FOR CHILD CARE FACILITY

State Form 49454 (R2 / 8-06) INDIANA STATE DEPARTMENT OF HEALTH / SANITARY ENGINEERING Approved by State Board of Accounts, 2006

DATE RECEIVIED	
RECEIPT NUMBER	
PROJECT NUMBER	

INSTRUCTIONS: 1. Send check or money order along with plans to: Indiana State Department of Health Attention: Cashier's Office P O Box 7236

Indianapolis, IN 46207-7236 2. Direct questions to 317/233-7177

FAXED COPIES OF APPLICATIONS WILL NOT BE ACCEPTED

1.	OWNER	5.	. The Following Documents are Attached: (CHECK WHERE APPLICABLE)	
	Name		·	
	Address		A. Water Supply: □Public □Existing □Private □New	
	Phone No		D. That Flair With Oile Canales =	
			C. Sewage Disposal:	
2.	OWNER'S DESIGNATED AGENT		□Public □ Existing □Private □ New	
	Name		D. Plans drawn to scale and certified by	
	Title		Architect or Engineer, if applicable.	
			Architect of Engineer, if applicable.	
	Address		Age & number of Children by	
			Designated Area	
	Phone No			
			F. Fees Required by 410 IAC 6-12-17	
3.	FACILITY (TYPE OF PROJECT)		(see other side)	
	Name	6.	. SIGNATURE	
	Address	0.	Application is hereby made for a Permit to	
			authorize the activities described herein. I	
	O:h.		certify that I am familiar with the information	
	City		contained in this application, and to the best	
	County Zip		of my knowledge and belief such information	
			is true, complete, and accurate.	
4.	ENGINEER/ARCHITECT			
	Name		Printed name of Person Signing	
			3	
	Address		T::	
	Address		Title	
			Signature of Owner or Designated Agent	
	Phone No			
	License #		Date of Application (month, day, year)	

INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR CHILD CARE FACILITIES

- 1. Owner
- 2. Authorized Agent
- 3. Name of Facility or Project
- 4. Name of Engineer/Architect
- Check the squares indicating name of documents attached to Application.
 All documents are required except where inapplicable.

Name and address of person, company, firm, municipality, authority, etc.,

Name, title, address, and phone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.

State its name, location, and nearest possible address.

Name, title, company, address and phone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.

- A. Specify the type of water supply serving the subject facility, and whether new or existing.
- B. Plot plan or plans to scale showing property lines, structures, roads, and site utilities.
- C. Specify the type of sewage disposal serving the child care facility, and whether new or existing.
- D. Plans, drawn to scale, shall be prepared, by an individual qualified under applicable laws of the State of Indiana. (See No. 4 above, if applicable).
- E. Indicate the age and number of children by designated area for which this facility will be licensed.
- F. Fees Required by Rule 410 IAC 6-12-17.

If this application includes the construction of an On-site Sewage Disposal System, there is a fee for the disposal system plan review. \$200

6. Signature

An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.